

Alternative Interventions for Women:

**A community partnership serving women
with co-occurring mental health and substance abuse disorders
in the criminal justice system in Hamilton County, Ohio.**

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This is the fourteenth article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with mentally ill offenders in the criminal justice system. This article highlights Hamilton County's Alternative Interventions for Women program, a program that has made a difference in the lives of many of the people our Advisory Committee is trying to reach.

In March 2001, the *Alternative Interventions for Women* (AIW) program opened its doors in Cincinnati, Ohio as an innovative program of identification, early intervention, and treatment for female offenders with co-occurring mental health and substance abuse disorders to help support criminal justice and sentencing sanctions. *Alternative Interventions for Women* is located within Central Clinic's Court Clinic, a community-based agency that provides behavioral health and forensic services for the Hamilton County justice system. This program is funded through a partnership with The Health Foundation of Greater Cincinnati, the Hamilton County Probation Department, the Hamilton County Department of Pretrial Services, the Hamilton County Community Mental Health Board, and Hamilton County TASC.

Background

The *Alternative Interventions for Women* program was developed after a needs assessment study identified key variables of women offenders who might benefit from an in-depth assessment to identify possible mental health and/or substance abuse treatment needs. For three years prior to the needs assessment study, members of the criminal justice system and community mental health leaders in Hamilton County worked together, with the support of the National Institute of Corrections (NIC), to learn about and plan alternative sanctions and services for women offenders. This group determined that a needs assessment study would provide information to better understand the mental health status of incarcerated women.

The study, formally named the Women's Assessment Project, was funded by the Hamilton County Probation Department to determine rates of mental health and substance abuse disorders, traumatic events, and cognitive functioning, using standardized assessment tools, in a sample of women arraigned through the Hamilton County Municipal Court between October and December 1999. Results of that study indicated a significant incidence of co-occurring mental health and

substance abuse disorders (38%) in this population. In addition, six percent of the women were found to have a mental health disorder only and thirty-one percent were found to have a substance abuse disorder only.

These findings suggested that implementing a system of early screening, assessment, and treatment would assist the Courts in determining if treatment, as an alternative to incarceration, would be beneficial for women with mental health, substance abuse, or co-occurring disorders.

As a result of identifying this need, the *Alternative Interventions for Women* program was developed. The program provides a continuum of assessment and treatment services for women with co-occurring mental health and substance abuse disorders including 1) screening and early identification, in-depth assessment and referral, and 3) treatment. This initiative, led by the Court Clinic, is a collaborative effort across the criminal justice, mental health, and substance abuse systems.

Screening

The first step to the continuum of care is a brief symptom screening of women by the Department of Pretrial Services in order to identify those who would likely meet criteria for co-occurring mental health and substance abuse disorders. As part of the standard Pretrial procedure, staff administers the self-report BASIS-32 assessment to all women seen at Pretrial Services. If the BASIS-32 score indicates that a further assessment would be beneficial, Pretrial includes that recommendation in their report to the Judge. The Court has the option of referring a woman for the in-depth clinical assessment.

In-Depth Assessment

Women referred by the Court receive an in-depth clinical assessment performed by Court Clinic assessment specialists and licensed clinical psychologists. The assessment includes a social history, the Structured Clinical Interview for DSMIV (SCID), a trauma-screening inventory, an abbreviated IQ test, and a measure of cognitive functioning. The clinical assessment determines if the woman meets criteria for co-occurring mental health and substance abuse disorders and is appropriate for referral to the *Alternative Interventions for Women* treatment program. The examining psychologist makes a final report to the Judge, including treatment recommendations. If a woman does not meet the clinical criteria for the *Alternative Interventions for Women* treatment program, alternative treatment recommendations are made to the Court.

Treatment

The outpatient treatment program consists of three stages including: Core program, Transition/Step Down, and Community Reintegration. Each woman entering the Core program, which includes a pre-treatment group, is required to attend from 9:00

a.m. to 3:00 p.m. daily, five days/week, for at least five weeks and up to three months.

At the end of the five weeks, each participant's schedule is re-evaluated according to her needs. A treatment-planning meeting takes place with each woman to evaluate her progress in meeting her treatment goals, and to determine whether her continued level of care indicates one of the following:

- Continued 5 days/week attendance in the program;
- Program attendance can be reduced to three days a week; or
- Completion of the Core program (ready for Transition/Step Down).

Each woman starts treatment by setting personal goals for the program and developing, with staff guidance, an individual treatment plan. Clinical outcomes are assessed at the beginning and completion of each phase of the treatment program in order to document progress and continue treatment planning and community reintegration. A final assessment is conducted at the completion of the Transition/Step Down phase of the program.

The *Alternative Interventions for Women* program has a strong theoretical and research foundation including the work of Dr. Stephanie Covington's, *Helping Women Recover*, as well as the Dartmouth/New Hampshire model of treatment for individuals with co-occurring mental health and substance abuse disorders. Services are gender specific and address not only women's pathways to crime, but also the importance of relationships, self-efficacy, and self-esteem to recovery. Groups that women attend include but are not limited to:

- Stages and progression of mental health and substance abuse;
- Relationships
- Self esteem and self efficacy
- Communication skills;
- Conflict resolution;
- Medications (identifying and managing them);
- Alcoholics/Narcotics Anonymous groups.

The program employs an all female staff and offers a safe environment for the clients. A therapeutic lunch is provided daily for staff and clients, during which time women can work on socialization skills.

A critical component of the *Alternative Interventions for Women* program is the provision of case management services. Every woman who enrolls in the treatment program presents a myriad of problems outside of her mental health and substance abuse disorders. By providing ongoing case management services to support these

women, the women not only have a much better chance of managing their mental illness and remaining drug free, but also in improving the quality of their lives.

Another key to program success is random drug screening by Hamilton County TASC and the use of appropriate sanctions for positive screens. The program offers clinical interventions and escalating sanctions rather than the 'one strike you're out' model. Decisions regarding sanctions are made collaboratively with program staff, probation officers, and Hamilton County TASC.

A strong collaborative partnership and the commitment to measurable outcomes are key to the success of this initiative. Evaluation of each woman at each step of the program is done in measurable terms, using standardized and nationally normed measurement tools. Data are continuously reviewed and form the foundation for a strong quality management plan. These data are used to drive program modifications and establish performance standards.

Program Outcomes

During its first two years of operation (March, 2001 - March, 2003) the *Alternative interventions for Women* program has had many successes including:

- Screened over 4500 women at Pretrial Services
- Completed in-depth assessments and made treatment recommendations for over 400 women
- 94% of women assessed were found to have either co-occurring, mental health, or substance abuse disorders
- Initiated treatment with 90 women with co-occurring mental health and substance abuse disorders who were referred to the *Alternative Interventions for Women* treatment component
- 16 of these women graduated successfully from the treatment program and were connected with community resources as needed. The average length of stay for these graduates was one year.

Clinical Outcomes

Program graduates showed significant clinical improvement in all aspects of their emotional, psychosocial, and substance abuse recovery. Measured outcomes include:

- 94% of women have reduced their level of symptom distress;
- 100% of women have improved the substance abuse behavior and 94% have reduced their substance use attitudes and feelings;
- 81% of women have improved their overall level of functioning as measured by the GAF (Global Assessment of Functioning);

- 100% of graduates have safe and adequate child care;
- 67% of women have safe, permanent housing that is adequate;
- 47% of women have adequate work and labor force attachment; and
- Only 13 % of women who have completed the program have been convicted of a new crime since their graduation.

Women with co-occurring mental health and substance abuse disorders represent a difficult clinical population that challenges the skills and resources of many community systems including criminal justice, mental health, substance abuse, and others. For many women in the *Alternative Interventions for Women* program, their co-occurring mental health and substance abuse disorders had been undetected and therefore untreated. Those who had prior treatment for either their mental health or substance abuse disorders alone, in traditional treatment programs, had not been successful.

The *Alternative Interventions for Women* program is unique in that each of the systems agreed to come together collaboratively, pool resources, and commit to providing a continuum of services to treat this underserved population. In addition, funding from both the private and public sectors greatly enhanced the program's ability to achieve its goals.

From the beginning of the initial planning process through today, we continue to understand the value and importance of nurturing the partnership among the criminal justice, mental health, and substance abuse systems. Since the inception of the program, monthly meetings have provided opportunities for open discussion among the program partners. The meetings also allow time to review data and reports, to identify obstacles and for all to contribute in problem solving. In addition, the commitment by each partner to stay involved has enhanced the level of mutual trust and respect we have for one another and allows differences to be acknowledged and addressed in a cooperative manner. Each of the partners continues to feel a great deal of ownership and pride for this project. By gaining a better understanding of each system's vantage point, we have often found an alternative way of viewing things that have allowed us to reach a consensus on issues. Without these dedicated planning and funding partners, this project simply could not have happened nor could it have been such a success.

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